Patients in Special Circumstances

(AR 40-400, Ch. 6)

TERMINAL LEARNING OBJECTIVE

- Determine the proper categorization, reporting, and administration of patients in special circumstances IAW:
- AR 600-8-1
- AR 40-400, Chapter 6
- and MEDCOM Regulation 40-7

Enabling Learning Objectives

A. Select the definition and characteristics of the different categories of patients in special circumstances and others involved.

B. Identify the responsibilities and procedures required for reporting SI/VSI/SPECAT patients.

C. Identify the procedures and issues involved in the notification of patients in special circumstances in CONUS.

Enabling Learning Objectives

D. Identify the procedures and issues involved in the notification of patients in special circumstances OCONUS.

E. Identify the procedures and issues involved in the notification of patients in special circumstances pursuant to international agreements.

Enabling Learning Objectives

F. Select the characteristics of and notification procedures for special interest patients.

G. Identify the exceptions to reporting patients in special circumstances.

Purpose & Scope

- ***Casualty Operations Program - Ensures that all casualties are accountable, reported, and documented***
- ***Casualty Reporting – Accurate and timely information to the next-of-kin (NOK) concerning a casualty incident.***
- ***Casualty Notification – Notification to the NOK***

Patients In Special Circumstances

- ***Very Seriously ILL***
- ***Seriously ILL***
- ***Special Category***

Definition of Terms

VERY SERIOUSLY ILL (VSI)

- When the illness or injury is of such severity that life is imminently endangered

SERIOUSLY ILL (SI)

- When the illness or injury is of such severity that there is cause for immediate concern but no imminent danger to life

Definition of Terms

Special Category (SPECAT)

- Certain patients whose NOK need to be provided information regarding the patient's condition, even though the patient is not classified as VSI or SI.

Definition of Terms

Special Category (SPECAT)

- **One of the following conditions exists:**
  - Severe injury, such as loss of sight or limb
  - Permanent and unsightly disfigurement of a portion of the body normally exposed to view
  - Incurable and fatal disease and limited life expectancy
  - An established psychiatric condition
  - May require extensive medical treatment and hospitalization
  - Released from the Service under provision of AR 635-40 for a psychiatric condition
  - Paralyzed

Definition of Terms

CASUALTY AREA COMMANDER (CAC)

- post commanders with designated areas of responsibility for casualty notifications

Definition of Terms

(Not SI) HOSPITAL CARE REQUIRED/
(Not SI) HOSPITAL CARE NOT REQUIRED

- **Patients that are of special interest to the Casualty Area Commander (CAC), such as battle injuries or injuries as a result of a mass casualty event.**

EMERGENCY ADDRESSEE (EA) - NOK

- **Anyone that the patient designates to be notified in the event of emergency.**

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Reporting

SI/VSI/SPECAT Patient Report - DA Form 2984

- **Prepared when a medical officer determines that a patient:**
  - **Is VSI/SI/SPECAT**
  - **Changes from one category to another**
  - **Subsequently recovers, dies, or is transferred to another MTF**
- **Physician provides information and signs DA Form 2984**

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Reporting

SI/VSI/SPECAT Patient Report - DA Form 2984

- Nursing interrelationship - nurses will contact PAD/AOD
- MTF Commander establishes policy for notification of other persons
- Information will be safeguarded against inappropriate disclosures

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Reporting

SI/VSI/SPECAT Roster (locally produced)

- Prepared on a daily basis by PAD
- Either automated (CHCS) or manually prepared
- Should contain (at minimum):
  - Name
  - Grade or status
  - SSN or other ID number
  - Date first placed on the roster
  - Present condition
- Format, method of preparation, and distribution locally determined

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Reporting

SI/VSI/SPECAT

- **Also recorded on DA Form 3821 (Report of Administrative Officer of the Day)**

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Notification Procedures

Within Continental U. S. (CONUS)

- Notification made immediately by attending physician when person or people to be notified are present at the MTF.
- Upon classification of patient:
  - MTF commander (designated representative) immediately notifies NOK or other person to be notified
  - Follow-up (progress report) sent to NOK or other designated person at least every 5 days and immediately upon significant deterioration in patient's condition

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Notification Procedures

Within Continental U. S. (CONUS)

- **Final notification will be made when the patient is removed from SI/VSI status**
- **Notification will normally be direct by telephone**
  - ***If person to be notified is not located in CONUS or if notification is not within the capability of the responsible MTF commander, information will be relayed to responsible CAC.***

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Notification Procedures

Within Continental U. S. (CONUS)

- Same procedures and responsibilities apply for absent sick patients in nonmilitary hospitals who are classified as VSI/SI/SPECAT
- SPECAT patients will be counseled concerning their condition and encouraged to personally contact NOK when physically and mentally able to do so

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Notification Procedures

Within Continental U. S. (CONUS)

- **Other individuals possibly involved:**
  - **Red Cross**
  - **Chaplain**
  - **Public Affairs Office**
  - **Unit Commander**

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Notification Procedures

Within Continental U. S. (CONUS)

Potential Problems

- Identification of the emergency addressee
- NOK has no phone
- Absent sick
- AOD tenacity

Notification Procedures

Outside CONUS

- **Local notifications - Same as CONUS**
- **Intermediaries utilized**
  - **AOD/PAD**
  - **CAC**
  - **DA Casualty Branch**
  - **Major Overseas Commander**
  - **Emergency Addressee**

Notification Procedures

Outside CONUS

- **Invitational Travel Orders (AR 600-8-1)**
  - **May be issued in certain circumstances (to bring NOK to the soldier)**
- **OCONUS CAC**
  - **will be provided casualty information required by AR 600-8-1**
  - **will be provided progress reports every 5 days until patient is released, recovers, or dies**

Notification Procedures

International Agreements

- When personnel of Armed Forces of Allied Nations or foreign national students are patients in CONUS, MTF commander:
  - Provides the CAC information relevant to preparing a casualty report IAW AR 600-8-1 and AR 12-15
  - Ensures all other notification requirements are accomplished

- International agreements implemented by this process
  - NATO STANAG 2132
  - SOLOG 74, an ABCA (American, British, Canadian, Australian) agreement

Special Interest Patients

Procedures and Special Note

- **Notifications are made for all admissions, changes in condition, and disposition from inpatient status (including retirement or death)**

- **Special Note: A single patient may be reportable in several categories of special interest and enabling care (EC) policy. All applicable reporting is still required for that one patient**

Special Interest Patients

Categories

- General officers
- VIP Patients
- MASCAL patients
- Contingency patients

Special Interest Patients

General Officers

- AD general or flag officers and persons designated to be general or flag officers

- Requirement for telephonic notifications to HQDA (DACS-GOM) must also be met

Special Interest Patients

VIPs

- President of US and family members
- Vice President of US and family members
- Former Presidents of US and family members
- Cabinet members
- US Supreme Court Justices
- Congressmen/Congresswomen
- Secretaries of Defense, Army, Navy, Air Force

Special Interest Patients

VIPs

- Any former service secretary (authorized care as a retired soldier)
- Former Chairmen, Joint Chiefs of Staff and former Chiefs of Staff of Services
- Retired AMEDD general officers
- USAMEDD major subordinate commanders
- Foreign heads of state

Special Interest Patients

VIPs

- Foreign dignitaries
- Retired general or flag officers when placed on SI/VSI roster or upon death in MTF
- Nationally know figures who could be of interest to CG, MEDCOM or news media (determined by MTF commander)
- Any military member assigned to a MEDCOM activity upon notification of

Special Interest Patients

MASCAL

- **Initial reporting requirements to MEDCOM, PAD, include accident summary and aggregate casualty/patient information**

  (Example: C-130 accident with four known deaths all Army, 16 casualties including burns.)

Special Interest Patients

MASCAL

- Follow-on patient specific information reports include MASCAL patients admitted and treated/released
- These reporting requirements are in addition to any serious incident reports (SIR) required through MEDCOM (and other) operational channels
- Patients tracked through JPTA/TRAC²ES

Special Interest Patients

Contingency Patients

- Patient generated from contingency operations, such as the deployment to hostile or potentially hostile locations
- Patient may be hospitalized within the area of operations or transferred into supporting MTF
- Patient is reportable at each MTF he/she may possibly be evacuated through
- Patients will be tracked through JPTA/TRAC²ES/JMeWs

Enabling Care Patients

Characteristics of Policy

- The Enabling Care/Patient Tracking System (EC/PTS) identifies and tracks soldiers with selected injuries and illnesses incurred in the LOD.
- Medical care is tracked through final disposition from the military and through nonmilitary facility care.
- The EC/PTS data base resides online at the Patient Administration Systems and Biostatistics Activity (PASBA). It is available for use by TSG, all MTF DCCSs, MTF Chiefs of PAD, and others with a need to know.

Enabling Care Patients

Primary Categories

- Burns
- Amputations
- SCIs (Spinal Cord Injuries)
- TBIs (Traumatic brain injuries)
- Eye injuries
- PTSD (Post traumatic stress disorder)

Enabling Care Patients
Reporting Responsibilities & Procedures

- Hospital DCCSs and patient administrators are responsible for reporting patient demographic information, diagnosis, prognosis, possible follow-up actions, and attending physicians name and telephone number to the MEDCOM
- The attending physician is contacted by the appropriate clinical specialist/consultant representing TSG.
- Patient data is updated as changes occur on-line via JPTA/TRAC²ES . Reporting requirements are provided by MEDCOM, PAD

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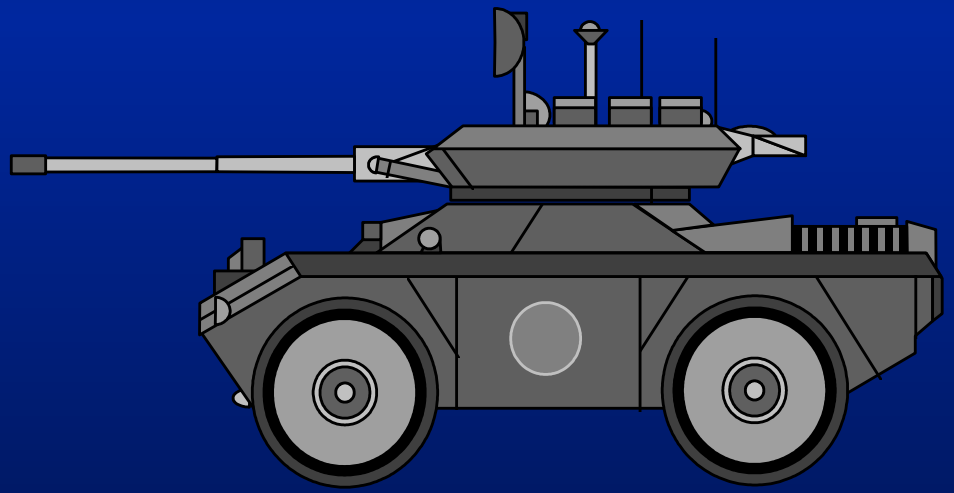
Exceptions to SI/VSI/SPECAT Reporting

- Prisoners of War
- Enemy Nationals



QUESTIONS???